

# Employment Preferences

## PHARMACEUTICAL PROGRAM CONSULTANT, DEPARTMENT OF HEALTH SERVICES

**10a499-00107964-008rkr**

This recruitment is for the following:

10a499-00107964-008rkr PHARMACEUTICAL PROGRAM CONSULTANT, DEPARTMENT OF HEALTH SERVICES

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Last Name

First Name

DOB Month

DOB Day:

Last four digits of SSN or other ID

First three letters of last name at birth

Email Address (if willing to accept email communication)

Check here if this is a new email address

Mailing Address

City

State

Zip Code

Check here if this is a new mailing address

**Only provide the following phone numbers if it is acceptable to call**

Home Phone

Work Phone

Alternate Phone

**Please complete the following employment preference information:**

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You may pick one or more locations.

Select	Location
	Sacramento County
	Stockton

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Please select at least one item from each column to indicate conditions of employment your willing to accept:

Permanent Full-time

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**Additional Options:**

If you are currently eligible and wish to become inactive for this recruitment, please check here

If you have previously inactivated yourself for this recruitment and would like to reactivate your application, please check here

If you have never been eligible, and wish to withdraw from this recruitment, please check here

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_